

UNITED STATES DISTRICT COURT

WesternDistrict of Texas, Waco - Marlin N. Unit

Plaintiff

V.

Defendant

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT**FILED**

SEP 16 2010

CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
BY DEPUTY CLERK

CASE NUMBER:

W10CA253I, Darren D Vann declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration Marlin, TX

Are you employed at the institution? No Do you receive any payment from the institution? No

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

- a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

N/A

- b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

N/A

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

N/A

I declare under penalty of perjury that the above information is true and correct.

May 25 2010

Date



Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 05/25/10
 N112/NKU6181 IN-FORMA-PAUPERIS DATA 14:37:37
 TDCJ#: 01601567 SID#: 08200855 LOCATION: N1-MARLIN INDIGENT DTE: 10/30/09
 NAME: VANN, DARREN BEGINNING PERIOD: 11/01/09
 PREVIOUS TDCJ NUMBERS:
 CURRENT BAL: 0.00 TOT HOLD AMT: 0.00 3MTH TOT DEP: 0.00
 6MTH DEP: 0.00 6MTH AVG BAL: 0.00 6MTH AVG DEP: 0.00
 MONTH HIGHEST BALANCE TOTAL DEPOSITS MONTH HIGHEST BALANCE TOTAL DEPOSITS
 04/10 0.00 0.00 01/10 0.00 0.00
 03/10 0.00 0.00 12/09 0.00 0.00
 02/10 0.00 0.00 11/09 0.00 0.00
 PROCESS DATE HOLD AMOUNT HOLD DESCRIPTION

STATE OF TEXAS COUNTY OF Falls
 ON THIS THE 25 DAY OF May, 2010, I CERTIFY THAT THIS DOCUMENT IS A TRUE,
 COMPLETE, AND UNALTERED COPY MADE BY ME OF INFORMATION CONTAINED IN THE
 COMPUTER DATABASE REGARDING THE OFFENDER'S ACCOUNT. NP SIG: Nancy Kurtz
 PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: _____ OR SID NUMBER: _____

